



Meeting Room Application

220 Willingboro Parkway Willingboro, NJ 08046
PHONE 609-877-6668

EMAIL: wipl@willingboro.org or auetz@willingboro.org

| | | | |
|---|--|---|---|
| Organization: | | Date: | |
| Contact: | | | |
| Address: | | | |
| City | | State | ZIP Code |
| Phone: | ext. | E-mail Address: | |
| Fax: | Alternate No: | | |
| For Profit | YES <input type="checkbox"/> | NO <input type="checkbox"/> | All Non profit organizations must attach Certificate 501C3 / ST5 |
| TWP | <input type="checkbox"/> | | |
| Commission | <input type="checkbox"/> | | |
| Purpose or Function of Organization: | | | |
| | | | |
| Date of Function: | | Use attached calendar for multiple dates | |
| Start time: | End Time: | Expected Attendance: | |
| Purpose of Meeting: | | | |
| | | | |
| Topic or speaker: | Do you plan to distribute literature? If so, please attach to application. | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |
| Do you plan to serve refreshments? <input type="checkbox"/> NO <input type="checkbox"/> YES* - Please see reverse for fee schedule* | | | |
| <input type="checkbox"/> HEAD TABLE | <input type="checkbox"/> TV w/ VCR / DVD* | <input type="checkbox"/> THEATER STYLE | CHAIRS _____ |
| <input type="checkbox"/> LCD W/ PC | <input type="checkbox"/> PODIUM | <input type="checkbox"/> CLASSROOM STYLE | TABLES _____ CHAIRS _____ |
| <p><i>In consideration of the use of a meeting room each organization agrees that (a) It will pay for all damage to any property of the Willingboro Public Library resulting directly or indirectly from the conduct of any member, officer, employee or agent of the organization or any of its invitees; and (b) it will save harmless and indemnify the Willingboro Public Library from and against all liability which may be imposed upon it for any injury to persons or property caused by the organization or any person in connection with the meeting.</i></p> <p><i>It is understood that the Willingboro Public Library assumes no responsibility whatsoever for any property placed in the library in connection with a meeting or exhibit; and that the Willingboro Public Library is hereby expressly released and discharged from any and all liability for any loss, injury or damage to persons or property which may be sustained by reason of a meeting.</i></p> <p><i>Fee is due upon approval of your application. Your check must arrive within two weeks of the event. If your check is not received by that time, your program will be cancelled. No refunds will be given. Non Profit groups will need to provide a tax exempt certificate as proof of status. No charge for tutorial programs, Boy/Girl Scouts, Home Schooled.</i></p> | | | |
| We have read and agreed to abide by the above statement and the policies of the Library governing the Public Meeting Room. | | | |
| Organization: | | Date: | |
| Signature: | | Director's Approval: | |
| Printed Name: | | | |
| Meeting Room Application must be signed or it will be returned | | Room Assigned: | |